

Name in Full

Certificate of Death

Lucie May Adams
 Town *Combs* County *Omaha* MARYLAND

Died at
 Date *1902* *July* *20* Y. *2* M. *9* D. *Ind* Native of *Ind* Occupation *chess*
 Male *White* Married *Widow* Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Death

Immediate

How long sick

all life

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Priscilla Barnes*
 Town *James Island* County *Dorchester* MARYLAND
 Died at *James Island* Month *July* Day *22* Y. *72* M. *6* D. *6* Native of *Ma* Occupation *Domestic*
 Date 19*02* *July 22* Age *72* *6* *6* *Ma* *Domestic*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
Female ~~Colored~~ *Single* ~~Widow~~ Number of children living *none*
 Husband of _____
 Wife _____
 Father's Name *Marcellus Keene* Mother's Name *Margaret Keene* *106*
 Cause of Death { Primary *Acute Diarrhoea* How long sick *2 weeks*
 { Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *Dr. Jon. H. Shriver, Jr.*Address *Taylor Island Dor. Co. Ma.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lillie Virginia Buckwith
 Town *Hurlock* County *Dorchester* MARYLAND
 Died at

Date 19 *02* Month *7* Day *21* Y. *9* M. *9* D. *9* Native of *Md* Occupation
 Male *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ *Single* ~~Widower~~ Number of children living

Husband of

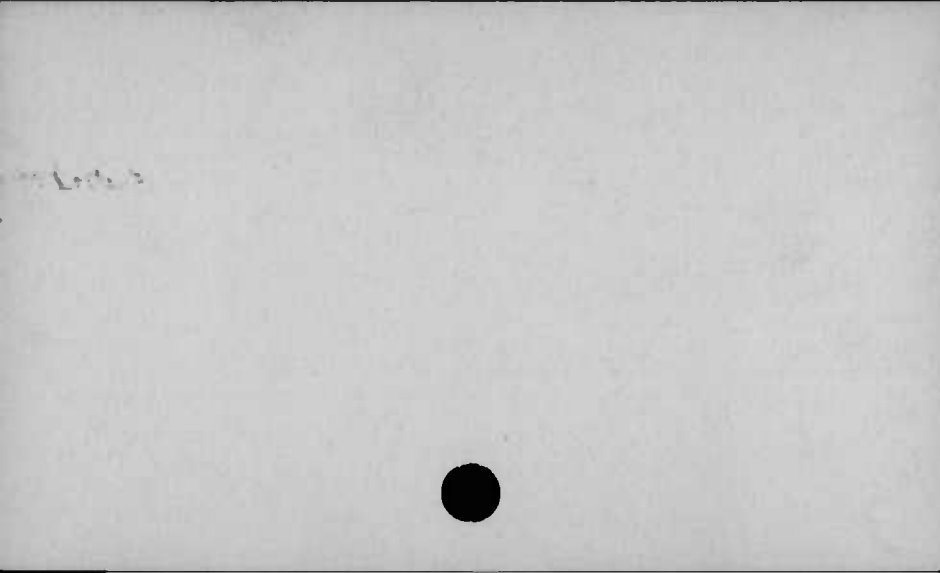
Wife

Father's Name *Wesley Buckwith* Mother's Maiden Name *Bessie Hearn*

Cause of Death { Primary *Diarrhoid* Immediate *Spasms* 105 How long sick *5 days* Accident, Suicide, Homicide

Reported by *E. A. Hearn*Address *Hurlock Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Carr

Died at *Cambridge* Town *Dorchester* County *MARYLAND*

Date 19 *02* *July* 1 *Infant* *2* *years*

White *White* *Male* *Widow* *Divorced* *Occupation*

Female Colored Single *Widower* *Number of children living* *1*

Husband of

Wife

Father's Name *John Carr*

Mother's Maiden Name

Cause of Death { Primary *Summer complaint*

Death { Immediate

How long sick *1 week*

Accident, Suicide, Homicide

Reported by *Selma H. Hopper* *105*

Address *Cambridge Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

2 years

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Died at

Date 19

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

July 26

Age 58

Ireland

Housewife

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Sarah Elizabeth Cornish

Town

County

MARYLAND

Died at

Church Creek, Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902 July 28

Age

25 9

Dorchester, Ark.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband

of

Wife

Father's

Name

Sandy Cornish

Mother's

Name

Martha Cornish

Cause of

Primary

Malaria

How long sick

10 days

Death

Immediate

Longueux Chill

Accident, Suicide, Homicide

Reported by

Horned, R. L. R. L.

Address

Church Creek, Ark.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 05903



Name in Full

Certificate of Death

Kathleen Dennis

Town

Vienna

County

Rochester

MARYLAND

Died at

Date

1902

Month

7

Day

1

Age

24

Y.

M.

D.

Native of

Md

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

don't know

Mother's

Name

Rachel Dennis

Cause of

Primary

Death

Immediate

Tuberculosis

How long sick

Accident, Suicide, Homicide

Reported by

Address

J. J. Hatcher
Vienna

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Lem Devaage.

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date 1902 ^{Month} July ^{Day} 9 ^{Y.} ^{M.} ^{D.} ^{Age} 65 ^{Native of} Baltimore ^{Occupation} Waterman

Male ☒ ~~Female~~ White ☒ ~~Colored~~ Married ☒ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 1

Husband of Annie M Devaage.

Wife

Father's Name Mother's Name Maiden Name

Cause of Death { Primary Dysentery Exhaustion Immediate } How long sick 2 weeks

Accident, Suicide, Homicide

Reported by B H Golasborough

Address Cambridge ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George W Dutton

Died at ^{Town} District of Vienna ^{County} Dorchester

MARYLAND

Date 19 ^{Month} 12 ^{Day} 7 ^{Year} 31 Age 74 ^{Native of} Md ^{Occupation} Farmer

Male ~~Female~~ ~~Widow~~ Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living 2

Colored ~~Single~~

Husband of ^{Wife} Jane Dutton

Father's Name don't know Mother's Name don't know

Cause of Death { Primary Immediate Legrip } How long sick Accident, Suicide, Homicide

Reported by A J Haritch

Address Vienna

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thos. L. Eaton

Died at ^{Town} Cambridge ^{County} Dorchester MARYLAND

Date 1902 ~ July 14 Age 63 Native of Caroline Co Occupation Merchant

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widowed~~ Number of children living 4

Husband of Elmira P. Patchel

Wife

Father's Name Caleb Eaton Mother's Maiden Name Elizabeth Reese

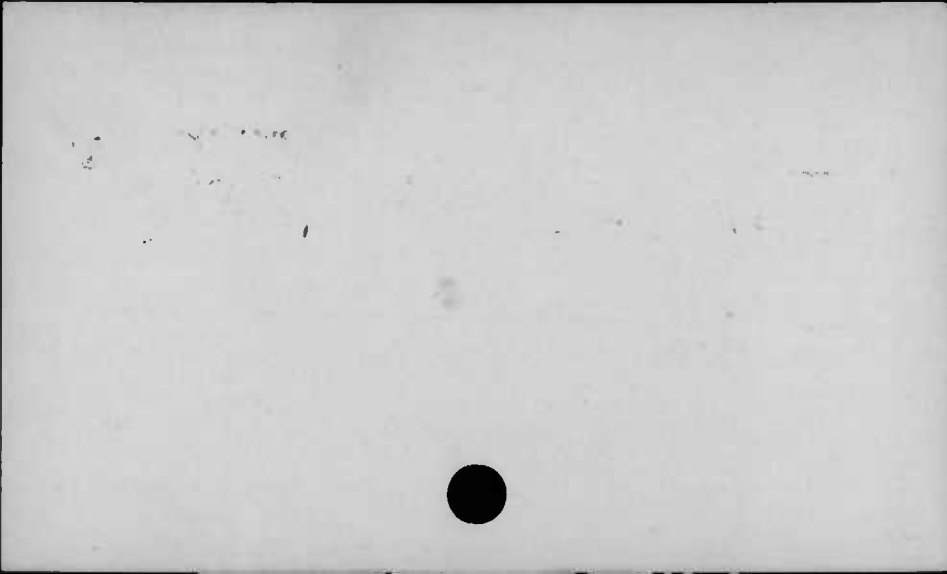
Cause of Death { Primary Dysentery & Rheumatism How long sick Several years

Immediate Exhaustion Accident, Suicide, Homicide

Reported by J. M. Goldenberg

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 1904

Male

~~Female~~

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Beng. F. Fletcher

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age 47 -

Married

~~Widow~~~~Divorced~~~~Single~~

Colored

Number of children living

10 -

MARYLAND

Commissioner

Emma J. Cook

Mother's

Maiden Name

Therietta Over

Primary

Immediate

Apoplexy
Exhaustion

lat

How long sick

5 days

Accident, Suicide, Homicide

Beng. Fletcher

Cambridge Md.



Name in Full

Certificate of Death

Rene Rebecca Handy

Town

County

MARYLAND

Died at

Cambridge

Inchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

9

Age

49

md

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

~~Husband~~

of

Wm H. Handy

Wife

Father's

Name

Levin H. Urel

Mother's

Maiden Name

Rene Colston

Cause of

Primary

Abdominal tumor

How long sick

some years

Death

Immediate

Exhaustion

46

~~Arteriosclerosis, thrombosis~~

Reported by

Guy Little md.

Address

Cambridge md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Maria Lennon Hart

Town

County

Died at

Bristle Head

Hochester

MARYLAND

Date 1902 July 3 | Age 58 0 2 | Native of Md | Occupation Housewife

Male ☒ Female ☐ | White ☒ Colored ☐ | Married ☐ Single ☐ | Widowed ☐ Widower ☐ | Divorced ☐ | Number of children living 3

Husband of Mrs F. Hart

Father's Name Robert Wingate | Mother's Name Priscilla Mills

Cause of Death { Primary Pyonephrosis | Immediate Heart failure 121 | How long sick 2 mos | Accident, Suicide, Homicide

Reported by E. A. P. Jones

Address Bristle Head Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Louis Hartman

Town

County

Died at

Cambridge

Essex

MARYLAND

Date 19

04

Month

Day

7 21

Age

13

Y.

M.

D.

Native of

Occupation

and

school boy

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

not known

Maiden Name

Mother's

not known

Cause of

Primary

Appendicitis and Peritonitis

How long sick

5 days

Death

Immediate

Septic Bacteremia after operation

Accident, Suicide, Homicide

Reported by

Guy Stutzman

Address

Cambridge and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79885



Name in Full

Certificate of Death

May Hester Hastings
 Died at Baltimore Town Dor County MARYLAND
 1902 Month July Day 12 Y. 2 M. 1 D. 0 Native of Dor Occupation
 Date 189 July 12 Age 2
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband of Charles
 Wife
 Father's Name John H Hastings Mother's Name Georgina
 Cause of Death { Primary Dysentery How long sick
 Immediate Pile 14 Accident, Suicide, Homicide

Reported by

C R Olsen

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Emma. Helsby

Died ~~at~~ near Town

County

Died ~~at~~ East N. Market Dorchester

MARYLAND

Date 1912 7 20 Y. M. D. Native of Dorchester Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 0

Husband of

Isaac Helsby

Father's Name

Daniel Boulbourn

Mother's

Julia A. Boulbourn

Cause of Death Primary

How long sick

Death Immediate

See Suicidal 1163

Accident, Suicide, Homicide

Reported by

Dr. Sayers

Address



East N. Market Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



George L. Hicks

Died at Cambridge Town Dorchester County MARYLAND

Date 1901 Month July Day 13 Age 63 Y. M. D. Native of Albemarle Va Occupation Physician

Male White Married Widow Divorced Female Colored Single Widower Number of children living 4

Husband of Nannie Hicks

Father's Name Rehman Hicks Mother's Maiden Name Elizabeth Bain

Cause of Death { Primary Decrosis bones of foot Immediate Sepsaemia How long sick One Year 146 ~~Accident, Suicide, Homicide~~

Reported by T B W Gola-brough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alston Albertus Johnson

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Age

51

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Adie Eliza Knott*
 Town *E. M. Market* County *Dorchester* MARYLAND
 Date *1902* Month *7* Day *15* Y *4* M *2* D *2* Native of *Dorchester* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *0*

Husband
of
Wife

Father's
Name

Mother's
Name

Cause of

Primary

Death

~~Immediate~~

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25968



Name in Full

Certificate of Death

Prier Langford

Town

County

Died at

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Age

X

8

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Das A. McCallister

Died at *Cauley* Town *Dorchester* County *MARYLAND*

Date 19 *02* *July* *12* Month Day Y. M. D. *71* *6* Age Native of *Dorchester* Occupation *Magistrate*
 Male *White* Married *Widow* ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *5*

Husband of *Eliza J. McCallister*
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Death	Primary	<i>Typhoid Fever</i>	How long sick	<i>2 weeks -</i>
	Immediate	<i>Exhaustion</i>	Accident, Suicide, Homicide	

Reported by *B. M. Goldsborough*

Address *Cauley, Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Suzieka Matthews

Died at Cumtux ^{Town} Dorchester ^{County} MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	July	17	Age	18		Sonnetto	Servant
Male	White	Married				Widow	Number of children living
Female	Colored	Single				Widower	

Husband of

Wife

Father's Name *The S. Matthews* Mother's Maiden Name *Hester Ballard*

Cause of	Primary <i>Pneumonia Pulmonalis</i>	How long sick
Death	Immediate <i>E. Hansen</i>	Accident, Suicide, Homicide

Reported by John J. Brough MP

Address *Amherst, Ma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Wesley Meekins

Town

County

Died at

MARYLAND

Fishing Creek

Dorchester Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July 5

Age

57 1/2

Md

Oysterman

Male

White

Married

~~Widower~~~~Single~~

Widower

Number of children living 1

Husband

Mary Angelina Craightan

Father's

Mother's

Name

Joseph W. Meekins

Maiden Name

Emma Emaline Travers

Cause of

Primary

Aortic Insufficiency

How long sick

3 years.

Death

Immediate

- 9 -

~~Residence, State, and County~~

Reported by

W. H. Houston

M.D.

79

Address

Fishing Creek



Dorchester Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mildred Messick

Town

County

Died at

Cambridge

Worcester

MARYLAND

Date 19

12

Month

Day

7 21

Age

Y.

M.

D.

9

Native of

ind

Occupation

—

Date 19

Female

White

Colored

Married

Single

Widow

Widower

Died

Number of children living

Husband of

Wife

Father's Name

John M. Messick

Mother's Maiden Name

Annie R. Stanley

Cause of

Primary

Cholera Infantum

How long sick

10 hours

Death

Immediate

Ephraim

105

Accident Suicide Homicide

Reported by

Mary Stull

Address

Cambridge ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harrish Frances Nichols

Town

County

Died at

Chooch Creek Chesapeake

MARYLAND

Date 19

12 July 1918

Month

Day

Y.

M.

D.

Native of

Occupation

Age

18-

Md

Cook

Male

Wife

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Oliver Nichols

Mother's

Maiden Name

Frances Ann Bryan

Cause of

Primary

Typhoid fever

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

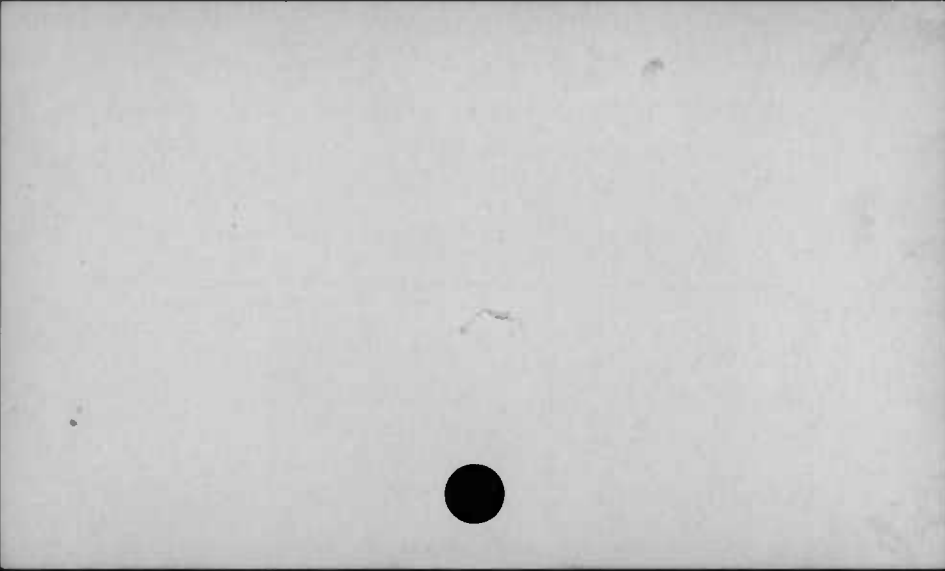
G. J. Maguire

Address

Chooch Creek

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 72009



Annie E. Copher

Town

County

Died at

Madison

Horocheater

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 19

Age

62 - -

Horocheater

Housewife

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

9

Husband of

Wife

Father's

Name

John E. Copher

Mother's

John Jones

Maidan Name

Sarah Mathews

Cause of

Primary

Hemorrhage

How long sick

2 weeks

Death

Immediate

General debility

~~Accident~~ Suicide, Homicide

Reported by

A. J. Maguire

Address

Church Creek

106



Name in Full

Certificate of Death

Payne

Town

County

MARYLAND

Died at *Punchville**20*

Month Day

Y. M. D. Native of

Occupation

Date 189

July 18

Age

2 10

Male

White

Married

Widow

Divorced

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Name

Benny Payne

Mother's

Name

Corra Payne

Cause of

Primary

Hodgkinson cough

How long sick

Death

Immediate

Dysentery

Accident, Suicide, Homicide

Reported by

CR Oaker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965



Name in Full

Certificate of Death

Died at

Date 189

Male

Female

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Age

Married

Widow

Divorced

Widower

Number of children living

one

Husband

Wife of

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

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Name in Full

Certificate of Death

Edna Genevieve Robinson

Town

County

MARYLAND

Died at

Fiddville

Hancock

Date 19

62

Month

Day

July 23

Age

Y.

M.

D.

2 4 17

Native of

Md

Occupation

—

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Geo. W. Robinson

Mother's

Maiden Name

Katharine

Cause of

Primary

Enterocolitis

How long sick

10 days

Death

Immediate

Accident, Suicide, Homicide

106

Reported by

E. A. Jones

Address

604 N. 1st St

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Mary A. Robinson

Died at Reeds Grove Town County Dorchester

MARYLAND

Date 1902 July 10

Month Day

Age 53 Y. M. D.

Native of

Occupation

Male

Age 53

Md.

Retired

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

One

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Septicemia

14

How long sick

2 weeks

Death

Immediate

Intestinal Hemorrhage

Accident; Suicide; Homicide

Reported by

R. J. Price

Address

Vienna, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



E. Frances Rumley

Died at Town Cambridge County Dorchester MARYLAND

Date 190	Month <u>July</u> Day <u>9</u>	Age <u>57</u>	Y. M. D.	Native of <u>Dorchester Co</u>	Occupation <u>Housewife</u>
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	<u>6</u>

Husband of *Geo W Rumbler*
Wife

Father's Name Tas Robbins Mother's Maiden Name Nancy Canon

Cause of	Primary	<i>Paresis</i>	How long sick	<i>Several years</i>
Death	Immediate	<i>Exhaustion</i>		<i>Accident, Suicide, Homicide</i>

Reported by B. N. Goldsborough

Address Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Nathaniel Sharp.
 Town Cambridge County Dorchester

MARYLAND

Died at

Date 1902

Month 7 Day 23

Age

Y. 9 M. 8 D.

Native of

Md

Occupation

child

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Hilboughby Sharp Cholera Infantum.

Susan Jane Kerr.

Cause of

Primary

How long sick

2 weeks

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

E. E. Wolff M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75004



Name in Full

Certificate of Death

Howard Stevens

Died at ^{Town} Ployds ^{County} Dorchester MARYLAND

Date 1902 ^{Month} July ^{Day} 31 ^{Age} 17 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} Laborer

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of~~Wife~~

Father's Name Joseph Stevens Mother's Maiden Name Josephine Wing

Cause of Death { Primary Immediate Drowning } How long sick 172 Accident, Suicide, Homicide

Reported by D. L. Moore Coroner

Address Somersville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Stewart

MARYLAND

Died at ^{Town} Cambridge ^{County} Brachden

Date 1904 . . . 7 . . . 14

Age 1 - 6

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Native of ☒ Occupation ☒

Husband of

Wife

Father's Name

James Stewart

Mother's Maiden Name

Bessie Jackson

Cause of

Primary

Breathing obstruction

Death

Immediate

Congestion of Brain

How long sick

10 days

~~Accident, Suicide, Homicide~~

Reported by

Mary Stewart sub.

Address

Cambridge sub.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hattie M. Sullerane

Died at Cambidge Town Dorchester County MARYLAND

Date 1902 Month July Day 14 Y. 2 M. 6 D. Cambidge Native of _____ Occupation _____

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
Female Colored Single Widower Number of children living _____

Husband of

Wife

Father's Name Chas. B. Sullerane Mother's Maiden Name Hattie K. Potter

Cause of Primary Enterocolitis How long sick Since birth

Death Immediate Exhaustion 105 ~~Accident, Suicide, Homicide~~

Reported by B. M. GoldboroughAddress Cambidge, Me.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Herbert James Tyler

Town

County

Died at

MARYLAND

Hopkinstville Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 27

Age

9

Md

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

7

Husband
of

Wife

Father's

Mother's

Name

Thos L Rippon

Maiden Name

Harriet Ann Rippon

Cause of

Primary

How long sick

Death

Immediate

Pneumonia

93

Accident, Suicide, Homicide

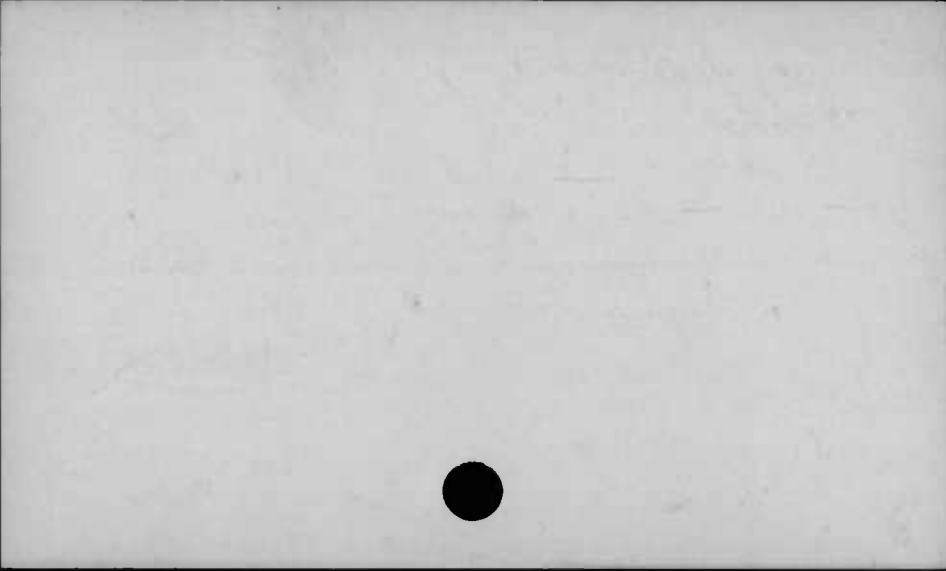
Reported by

Lawrence P Ashton J. P.

Address

Hopkinstville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Levin Young
 Died at *Cambridge* Town *Dorchester* County MARYLAND

Date 19 *02* Month *July* Day *9* Age *34* Y. M. D. = Natlve of *Ind.* Occupation *Gardener*
 Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored Single Widower Number of children living *two*

Husband of ~~Levin Young~~ *Levin Young (deceased)*
 Wife *Levin Young*
 Father's Name *Sittler Young* Mother's Name *Morita Young*
 Maiden Name

Cause of { Primary *Cerebral Apoplexy* How long sick *5 days*
 Death { Immediate *64* Accident, Suicide, Homicide

Reported by *W. A. Drake, M.D.*
 Address *Cambridge Dorchester Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

